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**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

F I S C H E R F O R U S S E N A T E

ADDRESS (number and street)

1 7 1 5 S P R I N G D R I V E



Check if different than previously reported. (ACC)

L O U I S V I L L E

K Y

4 0 2 0 5

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 4 4 4 6 8 7

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

K Y

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
0 7 / 0 1 / 2 0 1 2

through

M M / D D / Y Y Y Y Y Y
0 9 / 3 0 / 2 0 1 2

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RUTH PAYNE

Signature of Treasurer

Ruth Payne, Treasurer

Date

M M / D D / Y Y Y Y Y Y
1 0 / 1 5 / 2 0 1 2

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)